Information Required of Applicant

A. Project Description

Describe the project with sufficient detail for readers to understand the magnitude, complexity, and major elements of what is being proposed. Specify the capital and operating costs resulting from the project and your rational for undertaking the project at this time. Please keep this statement reasonably concise. For more complex projects, a more detailed discussion is required as well. Refer to Appendix A for specific details to be addressed.

The Clara Martin Center, Howard Center for Human Services, and Washington County Mental Health Services, have joined in their second collaboration to establish two residential programs for persons with mental illness. This collaboration will be accomplished via a new corporation, Collaborative Solutions Corporation, operated by a Board of Directors consisting of the Executive Directors of each agency, or a staff designated by them. Collaborative Solutions Corporation (CSC) will proceed with making operational The Vermont State Hospital Future Planning Advisory Committee plan for a sub-acute level of care for severely mentally ill adults. (The care modality has now come to be known as Community Recovery Residence or CRR.) The planning for CRR facilities originally was described in the Vermont State Hospital Futures Plan of February 4, 2005 prepared by then Secretary of Human Services Charlie Smith and has since been endorsed by the Futures Committee, the Legislature and an independent actuarial review by Milliman, Inc.

The first CRR to be established within this proposal is located in Williamstown, Vermont at the site of a former inn, the Autumn Harvest Inn. The operation of this CRR is modeled upon other rural recovery programs including Spring Lake Ranch in Cuttingsville, VT; Spruce Mountain Inn in Plainfield, VT; and the former Birch House that was located near Littleton, NH. The CSC program will be unique in that it is specifically created to provide a residential care modality for persons who now are housed exclusively at the Brooks Rehabilitation Unit of Vermont State Hospital. To accomplish this goal nursing and psychiatric services will be a part of daily services, as well, vocational and case management services will be provided at the sight. Thus, all services needed by residents will be immediately accessible, and access to programs at the three nearby agencies, WCMHS, CMC, and HCHS will also be possible.

The property located on Route 64 in Williamstown located only 2 miles from I – 89 via exit 5 is within 15 miles of both the Barre/Montpelier and Randolph areas. As well the village of Williamstown is only two miles away via Route 64. Travel time of to Central VT Medical Center, or Gifford Medical Center is less than 20 minutes, and Fletcher Allen Health Care in Burlington or Dartmouth Hitchcock Medical Center, are both within 60 minutes travel time thus allowing for access to routine and urgent medical care for all residents.

The CSC program will be licensed as a Level III Care Home for 14 residents. There will be a staffing ratio of approximately one staff for every two clients, with a minimum of four on duty at all times. It is expected at the outset of the program that 6-8 persons will be placed relatively immediately, with an additional 4-5 coming in the following 6-8 months. The population using the facility would be persons who are at Vermont State Hospital and have recovered enough to be transferred to the rehabilitation level of care. Specifically this would be defined as persons who are collaborative in treatment, and not requiring forced medication or restraint and seclusion. At the beginning of their stay, residents visiting the community will be accompanied by staff. Residents who demonstrate stable and collaborative behavior and capabilities may visit the community unaccompanied as their treatment progresses.

The total operating budget proposed for the CSC program is $2,933,649.00 with $1,557,420 of this amount for staff salaries and the remainder for annual operating and lease cost. The project will be initially be funded via allocations specifically identified within the Vermont Department of Health (VDH) budget for this project. Future funding pathways likely will emerge via the Community Rehabilitation and Treatment program budget and the Assistive Community Care Services Medicaid program.

B. Relationship to the General Criteria

Address each of the following general criteria that you believe is applicable to your project, including a narrative description showing how and why you believe the proposal meets the criterion. Additional guidance is provided after each criterion. If needed, please consult with the Department to determine which of the Criterion are thought to be applicable.

1. The relationship of the proposed new developmental/mental health service to the long-grange development plan of the applicant.

Explain how the proposed project is consistent with your long-range plan. Submit your plan or the relevant portion of that document. If the current plan has already been submitted in support of another application, it may be incorporated by reference.

The Williamstown CRR project is consistent with long range VSH plans on the part of the three agencies, the Division of Mental Health/Department of Health, the Vermont Legislature, and the Vermont Council of Developmental and Mental Health Services, consumers and advocates as they are represented on the VSH Futures Committee (see Attached Futures documents). Each of these groups have endorsed decreasing care at VSH and increasing community care capacity for persons who are in need of intensive services. These endorsements represent a long continuum of over 50 years of Vermont policy and practice to support care in the community. The three community agencies have significant involvement in the development of the VSH Futures proposal for the CRR model, and between them are the home of over half of the current patients at VSH and in the Brooks Rehabilitation Unit. All these agencies currently operate residential care facilities. The three agencies, and the remaining 7 DA's in the care system have all been important participants and co-architects of community based care.

2. The need for the proposed new developmental/mental health service on the part of the population served by such service or facility. The applicant must demonstrate that the proposed project is needed to (a) maintain the availability and accessibility of developmental/mental health services; or (b) meets specific unmet needs of the area; or (c) will improve the developmental/mental health of the population to be served.

Explain how the proposed project meets at least one of the three conditions listed above. If the project is needed to maintain access, show why the current resources will be unable to meet the need. If the project is needed to meet specific unmet needs, provide a forecast of those health needs. Explain the method used to quantify the need and why it is the best method available. Describe the proposed service area and reasons for selecting the area. List the current means used to meet this need, if any. Quantify the services to be provided, including demographics and the source of payment. Be as specific as possible.

In addition, explain the utilization review procedures put in place to ensure appropriate utilization and identify the expected outcomes. Provide assurance that you will comply with the Americans with Disabilities Act related to access for people with disabilities. Also provide assurance that you will comply with the standards for commercial construction assuring nondiscrimination on the basis of disability as described in the July 26, 1991 Federal Register.

The proposal for the Williamstown project addresses all the conditions concerning the need for a new level of community based care. Each of these will be addressed as follows:

a) Maintains the availability and accessibility of developmental/mental health services;
Currently the Vermont State Hospital is de-certified by the Federal government and unable to accept Medicaid/Medicare funds, and it also has increasing found the daily census to be at or very near capacity (see attached Dep. Comm. Paul Blake memo of 5/24/06)

b) Meets specific unmet needs of the area;
Currently there are not any facilities similar to the function and form of the proposed Community Recovery Residence. Thus there are no existing placements that can accept persons who continue to exhibit significant psychiatric symptoms, but who have reached a level of stability that does not require the intensity and resource of the Vermont State Hospital. The CRR's will be a model of providing care and treatment for persons who are in this particular state of affairs. The availability of nearby medical care—no more distant from the Williamstown location to Central Vermont Medical Center than is VSH—assures proper emergency care, while the more community integrated model may likely reduce the estimate 2-4 years stay that currently is a norm of the Brooks Rehabilitation population.

(c) Will improve the developmental/mental health of the population to be served.
As referred to above, the need for a new model of care that will enhance the recovery and community integration of persons experiencing severe symptoms of a psychiatric illness is in line with the continuum of improved outcomes via community care that Vermont has strived toward over the last half century. Thus far, by evidence of VSH shrinking in size from nearly 1,500 patients in the 1950's to less than 55 per daily census(Quick Facts About Vermont State Hospital for FY'03 http://healthvermont.gov/mh/facts/quick-fact-hospital.aspx) In this time period the move to create more services in the community settings has increased the employment and general functioning of persons released from VSH when they were no longer in need of the level of intense services there. The outcomes suggest that a general improvement in a wide variety of functioning occurs for persons when they are more integrated to the social fabric and move more toward citizenry and away from being "patients". The movement toward recovery and the subsequent improvement in care as exhibited by Supported Employment, Illness Management, Co-Occurring Disorders Treatment, Family Psychoeducation, and other evidence based practices have developed as persons who were inpatient moved to a community setting and programs developed to meet the need to modulate their own experience with the demands of life in a community setting. Each of these practices have, via research, provided vast improvements in the lives of mentally ill persons in recovery.

3. The availability of less costly or more effective alternative methods of providing such a service or for addressing facility needs. Less costly alternatives may include capitalization methods, ownership methods, referral to other providers, joint purchases and sharing arrangements, design choices and construction methods, and project choices.

Describe the alternatives to this project that were considered. Show why each was rejected. Explain why you believe there are no other less costly or more effective alternatives to be considered.

The ability of less costly alternatives to provide the level of intensity of care, and the level of security of care has been reviewed by the VSH Futures Committee for nearly three years. The Committee has begun to arrive at models, such as the Community Recovery Residences, as a junction between the levels of hospital based care at VSH, and that of the most intensive programs in community settings. For a number of years many persons formerly inpatient at the Brooks Rehabilitation Unit have been coming into community settings, however, for those needing the most care this was provided in highly individualized 1:1 or 1:2 staff: client mini programs—i.e. no more than 1 or two clients in the setting. Such programs are generally far more expensive to operate than those in a more congregate setting.
Existing programs that provide services in a "group home" setting are not staffed at the level of the proposed CRR's. Staffing for these programs is often at a ratio of 1:4 or 1:8 staff: client ratio. As well, current programs do not have psychiatry, nursing, and other services on site and available on a daily basis. Thus the medical, vocational, and security needs of this population could not be met through those existing models.

The CRR model is one based on a hybrid conception of both the Brooks Rehabilitation Unit, and community based care in both individualized (1:1) programs, and in such higher staffed programs such as Home Intervention which has nursing and psychiatry on site daily. While the model is experimental it is based on the best knowledge of appropriate care provision for this population as it exists in current literature, current practice, and by the thoughtful process of the VSH Futures Committee.

Finally, while it may be that the CRR level of care may emerge as the more expensive of models for community based care, the model would come in at a price lower than the five currently designated inpatient psychiatric units on a per diem basis, and would also allow for the Medicaid federal match that VSH can no longer collect. (Note this is based on a CRR budget of $2.9 million for 11 clients, which equates to a $722.29 per diem rate. Current Designated Hospital (DH) Medicaid cost is $943.91 per diem - CRT Client Admissions & Bed Days at General Hospitals April 01, 2006 through April 30, 2006 – DMH Report *CRT report 04-06.rtf*) Thus, the CRR model will reduce the current state funded dollar cost by a minimum of 50% via federal match able to be paid for community care.

4. The proposal's immediate and long-term financial feasibility and its probable impact on the costs of and charges for providing developmental/mental health services by the agency proposing the new service or facility. An applicant must demonstrate financial feasibility and capacity, including resources sufficient to implement and sustain operations over time.

Describe the immediate and long-term financial impact of the project of the facility. Describe the source of funds to be used in financing the project. Complete Tables 1-6 as applicable including Statement of Revenues and Expenses or Profit and Loss with and without the project. (See Tables, below.) Provide the proposed costs and charges for the proposed service. Describe the project's impact on the facility's costs and charges. Explain why you believe that the project meets this criterion.

The three agencies have an established and successful record working with the state to meet the needs of the system of care. The state will be the primary funding agent of the project under contract. This project will be managed by provides who have a track record and will be able to work out the resources to meet the needs under the establish contract with the state. At the time of this application the state has secured funding from the Legislature to commence the CRR project. The initial funding is expected to be cost reimbursement up to the amount budgeted for at least years one and two as the CRR integrates into the system of care. The funding delivery—i.e. on what basis the funds will be distributed to the provider—beyond this time frame has yet to be established, however, it is likely that a variety of funding streams will converge to support the CRR project. This probably would include current CRT Case Rate funds, ACCS daily reimbursement, and some per diem rate from DMH/VDH after the project has established a stable population.

The immediate impact of the project on current spending on VSH is not likely to be clear. The reduction of beds at VSH, via sending patients to the CRR who would otherwise have gone into Brooks Rehabilitation Unit should decrease financial pressures on the hospital. However, due to rapidly changing staff and facility needs this is difficult to give a value to. Over the next decade, assuming the operation of two CRR facilities and other facets of the Futures Plan development of community resources, these facilities will help to reduce VSH bed needs by 16 according to the Milliman study. The average Designated Hospital (DH) rate for 16 persons annually would be $5,507,120 using current numbers (see 3 above). The operation of 8 new CRR beds plus the current estimate for the 11 beds proposed for Williamstown would be very close to this amount. It is not proposed that the per diem or annualized cost of care in a community based care program for this population will be less costly overall, however, as this funding can use Medicaid as a payer the cost of operation in state or "hard" dollars will decrease by up to 60% depending on the federal match requirements from year to year. Thus, by sharing the cost via match the state could potentially gain greater value for each state dollar on the CRR project.

The overall question of long feasibility is one that is beyond the vision of this applicant. The actuarial studies have firmly offered that if DA programs are properly funded, and the new Futures programs properly funded and started within the current timelines the VSH population should be between 36 (TMG Study of 2004) and 48 persons (Milliman 2006). The studies have been a point of discussion and review by, the Legislature, DMH/VDH and the Futures Committee and all these entities have supported the proposal of using a CRR model, thus it is expected that need funds for operation will be approved for the foreseeable future.

(The money questions I will defer to all of you for you are in the driver set with regards to those negotiation.)

5. **In the case of a construction project: (a) the costs and methods of the proposed construction, including the costs and methods of energy provision, and (b) the probable impact of the construction project on the cost of providing developmental/mental health services by the agency proposing the construction project.**

   When applicable, show that the design and building costs are reasonable. Show the extent and cost effectiveness of energy conservation measures. Describe the impact of construction on the cost of new services, and discuss why new construction is the best alternative..

   The building in Williamstown, The Autumn Harvest Inn, will require some rehabilitation and upgrade to meet the needs of this program. At this time it is expected these renovations will cost very near to $500,000. None of the work on the facility will be to significantly alter the structure, but to upgrade the living area for the needs of the population, including accessibility needs, and establish necessary security structures for this staff secured program. An annual lease payment will be established based on the cost of construction, property purchase, and maintenance for a ten year period and all costs of rehabilitation of this building will be borne by the property owner. The lease will contain an option by the corporation, CSC, to purchase the property at that time.

   Included in the renovation are a number of energy efficient changes. These include new windows, heating and security systems that should improved the energy use of the building and improved fire safety as well.

6. **The availability of resources, including management personnel, and funds for capital and operating needs, for the provision of the proposed new developmental/mental health service or facility, and the availability of alternative uses of such resources for the provision of other services.**

   When applicable, describe the impact of this project on current staffing requirements. Describe the capital or operating impacts. Show that the commitment of resources for this project cannot, or should not; be invested in other services which may provide a more beneficial outcome.

   The CSC will hire its own staffing, however, there will be oversight by experienced staff from WCMHS, HCHS, and CMC, including well experienced Psychiatric and Nursing staffs as the hiring of the new staff commences. While some positions—especially psychiatry and nursing are challenging in terms of recruitment, the unique aspects of this program are already drawing employment inquiries from these fields and in direct care as well.

   The Board of Directors of the corporation are all Executive Directors of community mental health centers. All three agencies will bring resources to the project to be sure the facility is up and running. The agencies also have agreed to back up the facility if the need with each of their resource pools were this needed over time. We all are implanting best practices in our systems and will do so with this facility and programming as well. The Clara martin Center will bring forth the Management of Human resource function and expertise to the facility staffing needs, Washington County and Howard Center management of the funding for the overall project. Howard services will all assist with its compliance and other oversight expertise for the entity. Washington County will take the development lead with the full corporation of the other agencies. Each of the Executive Directors have a history of management of populations and facilities identified and have extensive successful

management oversight of there agencies. The staffs they oversee are committed to population and the state mission to serve this population.

In terms of operating capital we have submitted a budget to VDH for initial operating procedures up to and including the actual staffing needed to open the program. Both the Administration requests for adequate funding for these programs and the Legislative votes in support of the requests and the thorough process that has been followed in the review of these would seem to indicate active support from both branches of the state government that would pay for ongoing cost of the program. Ultimately this project depends on the continued funding of the CRR effort, especially at the outset, and there are not any indicators that we can currently see that show any change in the course of this support.

7. The relationship of the proposed new service or facility to the existing developmental/mental health care system of the area in which such service is proposed to be provided or located.

Show how this service or facility will fit into the current delivery system. Demonstrate that the program will be coordinated with other providers in the area.

The CSC project has been developed by consumers, providers, advocates, and citizens of Greensboro, Vermont all of whom participated in the Community Recovery Residence (CRR) plan formation within the Futures Committee and the CRR Sub-committee. The CRR Sub-committee met every three weeks for over one year and included representatives of Designated Agencies, Vermont State Hospital, Division of Mental Health, Office of the Vermont Attorney General, Mental Health Law Project, Vermont Psychiatric Survivors and a variety of concerned citizens. The review by all these parties indicated an agreement with the CRR model and a belief that it would address a specific level of care not currently available in Vermont. As well there is agreement that this model would be able to provide this care to persons currently in the Brooks Rehabilitation Unit. As well in meetings of the System of Care Management, another sub-committee of the Futures Committee, Medical Directors of both DA and DH care endorsed the need for a level of care that would provide adequate care to persons who were no longer in need of hospital care, but not recovered will enough to utilize existing community residential services—e.g. persons on the Brooks Rehabilitation Unit.

The proposal made here will allow for step down services from the Vermont State Hospital and facilitate community integration and recovery. This proposed new service is a part of the Secretary of Human Services Future's Plan approved by the Legislature. It will add State-wide capacity for persons with mental illnesses who are in the Vermont State Hospital help them to reside in a non hospital setting in the community. They will receive rehabilitation and recovery services that will enable them to eventually move back to their home community or a community of their choosing.

8. In the case of existing services, the quality of care provided by those services in the past.

Existing services should demonstrate that relevant professional standards have been met. Describe any objective standards used in such a quality assessment. Provide evidence of compliance with all applicable regulations.

Washington County Mental Health Services, The Clara Martin Center and the Howard Center for Human Services are each designated to provide mental health services by the Division of Mental Health and the Department of Health. The Clara Martin Center and the

Howard Center also have CARF accreditation. Each of these DA programs are reviewed by the Division of Mental Health bi-annually for quality of care, professional standards and best practices.

Each of the DA's also operate residential settings and are licensed and reviewed by the State of Vermont for compliance. We are each presently Designated Agencies in good standing with the State of Vermont.

9. The relationship, including the organizational relationship, of the proposed new developmental/mental health service to ancillary or support services.
When applicable, show that appropriate arrangements exist for the provision of needed support services.

I would give them our proposed organizational chart here and explain the roles we had defined in our discussions.

Collaborative Solutions Corporation will have a contractual relationship with the three member agencies to provide fiscal, human resource and other administrative needs. A state wide system of care is being developed as part of the Future's Committee plan. This care plan will be used to assess the needs of the client and their optimal residential placement. The ten Designated Agencies will be responsible for assisting a client to either return to their home community or another community of their choice when it is appropriate to do so. If needed CSC will be able to purchase other support services from the local mental health agencies in and nearby to the CRR locations.

10. The impact of the proposal on state Medicaid dollars.

Describe the impact of this project on the Medicaid budget. How does this improve the value received by Medicaid recipients?.

Primarily, this proposal offers a new level of service for consumers in need of more support than they can currently gain from Designated Agencies. Currently existing services for these consumers are provided at the Vermont State Hospital. Due to federal decertification VSH presently provides these services nearly exclusively with State general fund dollars. The new CRR model will provide the State with the opportunity to again match some of these general fund dollars for Medicaid. This proposal is part of the overall State plan to provide for these high end services and is part of the overall Medicaid impact on the State.

C. Required Tables

Complete the following Tables as appropriate.

Attachments

VSH Futures Report
Milliman Report
TGM Report
DMH Updated Futures Projections

Department of Health *Agency of Human Services*
Division of Mental Health [phone] 802-652-2000

MEMORANDUM

DATE: May 24, 2006

TO: Designated Hospitals
DA Executive Directors
DA CRT Directors
DA Emergency Services Directors

FROM: Paul Blake, Deputy Commissioner of Health

RE: VSH Census

The Vermont State Hospital has a licensed capacity of 54 beds and currently has 54 patients going into the Memorial Day Holiday weekend. The hospital cannot exceed its licensed capacity and continue to operate within its regulatory requirements and provide adequate and safe patient care. In order to maintain capacity for those admissions that cannot be deferred elsewhere, VSH must call upon its care partners to help in reducing its census over the next several days. Effective today, the hospital is implementing its emergency census protocol which defers new admissions until the census drops below 50. The hospital will also be making every effort to go into the weekend at less than full capacity in order to accommodate patients who must be cared for at VSH and who may be sent on court order.

Designated Agency Emergency Services screeners have been notified of this status and have been requested to ensure that all community and designated hospital resources have been explored and exhausted as placement alternatives prior to referral to VSH. VSH Social Workers and the DMH Acute Care Team will be working with the Designated Hospitals and Designated Agencies representatives throughout this period of time to identify transfer or placement options for patients currently at VSH as well. We realize that VSH provides a unique capacity within our mental health system and that periodically the existing capacity is challenged by increased census and limited alternative transfer or placement options. Over the next several days will be depending on the Designated Hospitals and Designated Agencies staff to assist us in identifying resources that can be drawn upon to facilitate this reduction in census.

Thank you.

Helene Linney

Helene Linney
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CRT Client Admissions & Bed Days at General Hospitals
April 01, 2006 through April 30, 2006

Primary Insurance Source By Provider Agency

Medicaid	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Clara Martin Center	0	18	0	$0.00	227	$211,150.70
Counseling Services of Addison	0	17	0	$0.00	146	$140,709.60
Health Care and Rehab Services of	5	48	29	$24,714.45	521	$459,828.90
Howard Center for Human Services	3	33	37	$34,440.14	357	$360,759.58
Lamoille County Mental health Services	1	4	3	$2,638.86	62	$57,004.07
Northeast Kingdom Mental Health	3	27	12	$9,332.06	329	$311,362.38
Northwest Counseling and Support	1	19	8	$7,794.64	134	$135,213.56
Rutland Mental Health Services	3	26	8	$7,555.44	151	$143,969.92
United Counseling Services	3	22	7	$6,157.34	152	$138,127.77
Washington County Mental Health	4	45	17	$15,675.89	524	$498,886.64
Total	**23**	**259**	**121**	**$108,308.82**	**2603**	**$2,457,013.12**

Medicare	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Clara Martin Center	4	36	40	$37,871.84	360	$337,002.36
Counseling Services of Addison	1	13	25	$24,358.25	176	$177,199.24
Health Care and Rehab Services of	4	50	27	$21,419.98	669	$588,008.90
Howard Center for Human Services	10	72	101	$97,270.81	772	$761,705.11
Lamoille County Mental health Services	0	8	0	$0.00	91	$85,161.76
Northeast Kingdom Mental Health	5	30	37	$35,188.36	296	$267,177.17
Northwest Counseling and Support	1	9	5	$4,871.65	73	$70,138.32
Rutland Mental Health Services	4	32	23	$21,721.89	329	$318,151.54
United Counseling Services	2	22	13	$10,478.80	234	$207,953.72
Washington County Mental Health	12	47	148	$138,749.4	626	$594,274.43
Total	**43**	**319**	**419**	**$391,931.05**	**3626**	**$3,406,772.55**

CRT Client Admissions & Bed Days at General Hospitals
April 01, 2006 through April 30, 2006

Unknown	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Clara Martin Center	0	2	0	$0.00	31	$28,999.89
Counseling Services of Addison	0	2	0	$0.00	10	$10,457.70
Health Care and Rehab Services of	0	8	0	$0.00	59	$50,235.91
Howard Center for Human Services	2	11	39	$37,998.87	161	$166,425.58
Lamoille County Mental health Services	1	1	4	$3,792.28	4	$3,792.28
Northeast Kingdom Mental Health	0	9	0	$0.00	53	$45,053.83
Northwest Counseling and Support	0	3	0	$0.00	63	$64,256.69
Rutland Mental Health Services	0	2	0	$0.00	15	$14,673.15
United Counseling Services	0	4	0	$0.00	61	$50,326.17
Washington County Mental Health	0	4	0	$0.00	75	$71,420.37
Total	**3**	**46**	**43**	**$41,791.15**	**532**	**$505,641.57**

CRT Client Admissions & Bed Days at General Hospitals
April 01, 2006 through April 30, 2006

Primary Insurance Source By General Hospital

Medicaid	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Brattleboro Retreat	8	64	46	$40,462.52	809	$711,612.58
Central Vermont Hospital	2	47	9	$8,532.63	575	$545,140.25
Dartmouth Hitchcock	4	23	19	$14,028.46	145	$118,908.30
Fletcher Allen Health Care	4	65	30	$29,229.90	625	$652,693.00
Other	0	4	0	$0.00	25	$17,192.96
Rutland Regional Medical Center	5	35	17	$16,055.31	267	$263,985.81
Windham Center	0	21	0	$0.00	157	$147,480.22
Total	**23**	**259**	**121**	**$108,308.82**	**2603**	**$2,457,013.12**

Medicare	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Brattleboro Retreat	3	51	44	$38,703.28	809	$711,612.58
Central Vermont Hospital	16	78	157	$148,846.9	869	$823,872.83
Dartmouth Hitchcock	0	20	0	$0.00	215	$172,857.35
Fletcher Allen Health Care	14	87	147	$143,226.5	931	$946,830.23
Other	2	9	14	$9,580.76	62	$43,104.76
Rutland Regional Medical Center	5	42	37	$34,943.91	374	$375,342.72
Windham Center	3	32	20	$16,629.60	366	$333,152.08
Total	**43**	**319**	**419**	**$391,931.05**	**3626**	**$3,406,772.55**

CRT Client Admissions & Bed Days at General Hospitals
April 01, 2006 through April 30, 2006

Unknown	Current	FYTD Admissions	Current Bed Days	Current	FYTD Bed Days	FYTD Cost
Brattleboro Retreat	0	3	0	$0.00	29	$25,508.98
Central Vermont Hospital	1	10	4	$3,792.28	118	$111,872.26
Dartmouth Hitchcock	0	6	0	$0.00	45	$36,884.55
Fletcher Allen Health Care	2	13	39	$37,998.87	211	$217,084.13
Other	0	1	0	$0.00	19	$13,002.46
Rutland Regional Medical Center	0	6	0	$0.00	54	$54,546.12
Windham Center	0	7	0	$0.00	56	$46,743.07
Total	**3**	**46**	**43**	**$41,791.15**	**532**	**$505,641.**